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EMPIRICISM AND ITS CAUSES.

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[In the following discourse I have used the terms *empiric* and *quack*; *empiricism* and *quackery*, indifferently, though etymologically considered they are not, in fact, convertible terms; the first and third being legitimate words from Greek roots, signifying, *attempt*, *trial*, *experience*, or an *experimenter*; while the term *quack*, is of doubtful origin, and means simply a *pretender* or *boaster*, and does not include the idea of experience at all. An *empiric* may be honest, while a *quack*, in the strict sense of the term, can lay claim to no such virtue; nevertheless, custom sanctions the use of the one for the other, at the option of the speaker.]

DUBOIS it was, I think, who defined a physician to be—one employed to amuse his patients while nature cures their diseases. Whatever, in this particular instance, may have been the spirit in which this *pointe d'esprit* was uttered, it is fortunate for the world that ridicule, so often levelled at the utility of medical science, by those in health, has no charms for suffering humanity in moments of physical prostration; nor can the want of invariable certainty in our art operate as a valid reason for rejecting, when demanded, that skill to which time and experience have given their sanction. We boast not of having mastered all "the ills that flesh is heir to;" we pretend to no infallibility in the cure of diseases; we claim the possession of no panacea. The utmost length and breadth of our claim is that certain great truths have been established, which, in their totality, constitute the existing splendid fabric of medical science; not, it is true, an exact science, but a science fully and fairly entitled to all the dignity claimed for it by its intelligent votaries. If it lack the perfection conceded to pure mathematics and to some few of the physical sciences, its foundations are broader and deeper laid than are those of moral philosophy or even political economy, sciences, upon the assumed truths of which, the mass of the learned and well-informed hourly stake many of their dearest hopes, both for time and for eternity. It is, to-day, what the accumulated wisdom of ages has made it, still imperfect in some of its details, but never for one moment halting in its onward march to the conquest of new truths. And yet this science never has met with universal approbation. It does not now, and probably never will. Such is the constitution of the human mind, that much which is true in itself (but which cannot be readily understood), will be doubted or repudiated by no inconsiderable

number in every community. This is emphatically true where want of knowledge and freedom of thought co-extensively prevail. To this condition of society we have long been accustomed to attribute the prevalence and spread of quackery. Our books so account for the fact, and learned practitioners have generally acquiesced in the sufficiency of the reason assigned. But late changes in the social condition of some portion of the civilized world create distrust as to the correctness of this conclusion. If it be true, *how happens it that empiricism still continues to flourish in unabated vigor, despite the general intelligence of the current age?* The fact that it does so is, I believe, undeniable. The evidence of it meets us at every turn. We see it not less in the city than in the country. Every where whole communities are under its sway. Many of its votaries, or its victims, whichever you please, are known to possess extraordinary shrewdness of intellect, and not a few of these show themselves, in their way, keenly alive to the great and best interests of their fellow creatures. Now if this be so, and no one can doubt it who has turned attention to the subject for a moment, there must be for it some sufficient cause which, as conservators of the public health, it concerns us to know. I propose, therefore, in the following pages, to answer the above inquiry. And if, in the progress of the discussion, it shall be found that we ourselves, wittingly or unwittingly, are, in part, responsible for the prevalence of the evil about to be considered, I trust we shall not shrink from the exposition. An evil clearly comprehended is an evil half overcome.

Writers generally, in treating this subject, assume that the pretensions of empiricism, in all forms, are beneath the dignity of sober refutation. Ridicule, we are told, not argument, is the weapon with which to combat the absurdities of unlearned pretenders to a knowledge of the healing art. So say our writers of books; so say our learned reviewers; so say our lecturers; and so all, or nearly all, have said and practised for a period since when "the memory of man runneth not to the contrary." Yet quackery still flourishes, and if we may judge by the effect produced, grows fat upon the witticisms with which the learned and the scientific have combated its pretensions. Truth, nevertheless, compels us to declare we have gained nothing by this mode of warfare. It is a game at which two can play without the achievement of victory to either party. With all his wit, Sheridan at times found a rival, and even Foote was often worsted on his own peculiar domain. Ridicule may silence, but never convinces. It proves nothing, and oft repeated, it half cures the wound which its initial utterance inflicts. Like an effervescing draught, its effects are gone as soon as the play of affinities ceases. We may raise a laugh at the empiric's expense: he does more; in return for it, he raises a prejudice against us which no ridicule, however fine, ever effaces. His deadly hostility becomes more than a counterpoise to our wit. His social position often allies him directly and closely with the masses. With these he is sober and earnest. He is understood by them, for his habits of thought, his feelings and his education place him upon the same great level with themselves. While we in our journals laugh at his pretensions, he is at the hearth-stone of some confiding disciple, or in an obscure pub-

lie inn, or at some country store, surrounded by his friends to whom he is explaining his system, or boasting of his achievements, and among whom he is inspiring a confidence against which the arrows of our ridicule fall as upon a breastwork of adamant. We must remember, too, that the empiric of to-day exists in obedience to a demand which neither law, nor reason, nor we, if we would, can prevent. He appears amongst us the legitimate offspring of that spirit which for ages has been struggling in chains, but which just now is freeing itself, limb after limb, and in thunder tones demanding unconditional enfranchisement. That spirit comes to us in the voice of a free, thinking, restless multitude, in the fresh exercise of its own great prerogative, untrammelled and eager to question, not alone conclusions of the hoary past, but opinions and systems, the dearest cherished, of the existing hour. It demands a hearing, and that hearing it will have. Thrones may crumble at its approach, old institutions be aroused from the slumber of ages, and things held sacred wither in the breath of its nostrils; yet heard it will be, and woe to him who turns a deaf ear to its questionings. Nor must we forget that the empiric of to-day is a true and legitimate exponent of a countless host proclaiming the right to decide for itself the measure of its own obedience to the demands of authority. Call this host fanatic, if you will, nevertheless it is shrewd, impatient and energetic in the accomplishment of its own ends. It undertakes the solution of great problems without the intervention of patient toil, and rejects as worse than useless, what it does not comprehend. In its grasp a single idea becomes a *system*, and the wisdom of the past but a cracked bauble, hardly worth preserving.

Antagonistic to this boiling current of empiricism, medicine, as an art and a science, presents itself, and claims, without ostentatious pretension, to be heard. It has no secrets by which to delude the multitude; it plays no tricks by which, for the moment, popular favor may be secured. Rich in recorded facts, and boundless in its field of research, it challenges commendation to the extent only of benefits conferred. To the world it speaks plainly, and its true followers, in the performance of duty, shrink from no responsibility. In the acquisition of this science the severest tasks are imposed. Long years are consumed in its elementary preparation, fortunes expended, and toils, neither few nor fascinating, endured, such as they only may comprehend who have trod its rugged paths. Besides its own appropriate fields of research, it lays under contribution every principal science with which learning has adorned and blessed the world: chemistry, natural and mental philosophy, mechanics and medical jurisprudence, all have become essential to its completeness; and yet as a profession medicine possesses scarcely a single element of popularity. Unlike law and divinity, its professional displays are rarely open to the public gaze. Around the forum we are idlers, at the foot of the altar we are silent. We deal with humanity when life and health are at stake, and when hope, against despair, is trembling in the balance. The lawyer and the divine address the reason and the passions of the eager multitude; we speak to one at a time, and this in subdued tones, in the silence and seclusion of the sick chamber. They gather the fruits of their labor in

the hour of performance; the results of our work are rarely immediate, and still more rarely striking.

Now, to these vast scientific requirements, and to the want of striking results in practice, is, I think, fairly attributable much of the gross empiricism of the present day. As causes, they support each other. The quack possesses few or none of the first requisites. He is generally ignorant, often deplorably so, and what is lamentable, seems to glory in this ignorance. For anatomy, physiology, or chemistry, he has no use. It matters not to him where the lungs or the liver lie, or what are their respective offices in the animal economy; and as to the heart he knows not, and if he did know could make no use of the knowledge, whether the organ be muscular or tendinous in its structure. Chemistry to him is more abstruse than Greek, and the compatibility or incompatibility of united substances never for one moment disturbs the complacency of his dreams. His system of Nosology is either a *unit*, or expands, as in the system of Hahnemann, till, like Pascal's definition of space, its circumference is nowhere. His *materia medica* commences with steam or lobelia, and ends in the shady shadows of Homœopathy. Or, if too knowing for this, he gets up a quarrel with mercury and the lancet, erects a Botanic College, and swears by his *herbarium* that every land grows a remedy for its own diseases. Nevertheless, a modicum of charity is due to the empiric. A difficulty insurmountable to him, and often not a little embarrassing to students of higher pretensions, meets him the moment an attempt is made to master any portion of our science. He does not, and can not, with his usually limited classical knowledge, understand our plainest authors. He finds our works loaded down with, to him, strange terms, which he can hardly pronounce, and of whose significance he has no conception. This is an obstacle fatal to his advancement, and a hindrance to us, which, if possible, we would gladly be rid of. The evil, however, is incident to the barrenness of our mother tongue. The Anglo-Saxon, rough and rugged, as the people who uttered it, contained few or no scientific terms, for the reason that science was unknown among those who used it. With them, as with every people, their language was bounded by their wants. They could not have words for ideas which with them had no existence. They could not have terms for things of which they had no knowledge.

But this is not all. The Anglo-Saxon is destitute of the radical germs necessary for the composition of new terms which, as in Greek, describe while they designate. Its terminology is rough and inharmonious, and though its power of reception is boundless, it lacks the capacity of euphonious coalescence. Such is the language from which our present strong, copious, and, I may add, truth-telling English sprang.

On the revival of learning, when the arts and sciences began to be cultivated, it therefore became necessary either to coin new terms, or to adopt from other languages such as would supply the new want. The latter course, partly from vanity, and partly from the necessity of the case, was resorted to, and when the requisite terms, in simple forms, could not be found, recourse was had to the expedient of compounding, from Greek, or other roots, words descriptive of the things signified. To this mixed, and somewhat incongruous language, all the sciences are indissolubly

wedded, and no one more so, perhaps, than is the science of medicine. So extensive is this mixture of tongues, that almost every page of our professional books presents the appearance of a foreign dress—a kind of Greeko-English, which to be understood requires to be mentally translated while in the process of utterance. In fact, the most ingenious display of circumlocution, pushed, as it may be, to the extreme verge of vulgar plainness, often fails us in attempts at describing to others the simplest professional truths. This is unfortunate—unfortunate, because we are liable to be misunderstood by others, and may not always be perfectly sure that we understand ourselves! The die, however, is cast. The language of medical science, though it may and should be simplified in some of its departments, cannot be materially changed. Our literary costume has become essential to our permanency and progress; and though it may be coarse and cumbersome, it has advantages, not the least of which is its universality as a medium of communication, among nearly all the enlightened of the civilized world. Nevertheless, between the profession and the popular mind it interposes a barrier over or through which the uninitiated rarely pass. Of this fact the shrewd and watchful empiric is cognizant, and to the world he speaks in terms of biting sarcasm of our “big” words and high-sounding phrases, characterizing the whole as the “*vox et præterea nihil*” of professional pedantry—words or phrases full of sound signifying nothing. With an air of triumph he puts the inquiry: “If you mean to be understood, or have any meaning, why not speak in language plain to the comprehension of common minds? Why give foreign names to diseases which may be more easily designated in our own plain English? Why divide and subdivide diseases until definition is lost in unmeaning verbiage? Why bestow upon common remedies uncouth Latin names, which nobody but yourselves understand?” To such inquiries we can reply in a manner entirely satisfactory to ourselves; but our reply is not and cannot be appreciated by nearly a moiety of those with whom we are daily brought in contact. To great numbers in every community it is worse than useless to declare that our designations and distinctions, both as regards diseases and remedies, are essential to a proper understanding of our art. Such see not why Latin or Greek terms can be necessary under any circumstances; and so thinking, our use of them is, perhaps, nine times in ten, regarded as little better than a miserable trick to conceal our weakness. The quack, on the contrary, makes himself understood. He has a familiar name for all diseases, and for all his remedies: or, if he uses a secret preparation, its name has been made already familiar, and its virtues established by the testimony of the current almanac, or the last weekly newspaper! If, nevertheless, as is generally the case, his talk really means nothing, it is always in manner so homely and house-hold like, that his patients *think* they comprehend him, and this is all the quack requires for his success. The understanding of the multitude is the measure of his own. He would equal, but never surpass it. He wishes to be its accredited exponent; to be more, would ruin him.

But other causes, more direct and not less powerful, contribute to the prevalence and spread of empiricism; and among these, as signally po-

tent, may be reckoned the *occasional success of quackery*, where skill and science have apparently or indubitably failed. Cases will never be wanting in which the resources of our art either are, or seem to be, exhausted without appreciable benefit to the afflicted. Such, in large circles of practice, are met with almost daily, and this, too, among every condition in life. Cases of this class are, for the most part, anomalous, or if their character be obvious and easily comprehensible, the whole system, in any given case, may have become so involved in a complication of disease, as to admit of no decisive means of immediate or even prospective relief. Remedial agents, which relieve some of the difficulties, seem either to aggravate or to leave untouched others equally dangerous. Under circumstances like these, a truth-loving, conscientious practitioner will avoid all rashness incompatible with the safety of life, or the reasonable expectations of a fortunate issue. He will do blindly no act merely for the sake of doing, nor excite hopes not likely to be fulfilled. And yet a pause—and pause most likely the practitioner will—is nearly or quite fatal to his standing. Sufferers become impatient, or are discouraged, lose all confidence in their long-tried advisers, and if of mature years, and mentally able, not unfrequently at this point commence the study of their own cases. Popular treatises on the healing art are consulted, patent medicines are resorted to, and the drama closes by calling in some *new light* to the profession born.

Here is opened a magnificent field for the shrewd empiric. A regular practitioner has been discarded; it is a neighborhood talk, and all eyes are turned upon the new adviser. To him the case is a *god-send*. With an assurance such as they only can exhibit who know not the magnitude of the responsibility assumed, this *doctor by instinct* engages pompously in the new work to which circumstances, and not merit, have called him. He begins by pronouncing all that has been done precisely what ought not to have been done. He assures his patient that he can detect calomel in every bone and fibre of his system; that the very surface of his body is saturated with the poison; and further, that he has been made the unconscious recipient, to a boundless extent, of twenty other mineral substances, any one of which ought to have *killed* him long ago. All this is to be changed, and changed it is. Now, if the patient die, as most likely he will, the whole matter is suffered to sleep. The event is precisely what every one expected. But if, on the contrary, the patient, by chance—for *rational* design is out of the question—happens to recover, the recovery is at once attributed to the astonishing skill of the empiric. Certificates to this effect are procured, signed by a score of eye-witnesses to the glorious achievement, and the Doctor by instinct becomes a second W. T. Conway, rejoicing, perhaps, in the taking name of Smith, Sweet or Thomson.

Of popular conclusions in the cure of disease, there is no one more unfounded than that which attributes success, in all cases, to the skill of the attending physician. Undoubtedly art does its full share in a vast majority of cases. But there are instances, and these not a few, where restoration to health is wholly unexpected to the attending medical adviser, and where such restoration is clearly unattributable to any well-

understood agency of his own. All the circumstances, taken in connection with past experience, prognosticate a fatal termination. If, nevertheless, contrary to his expectations, his patient does survive, he will neither be so vain nor so dishonest as to attempt the creation of professional capital out of the circumstance. With him, the unlooked-for result becomes a matter of profound study. His reflections upon it are carefully stored up for future use; and the value of these reflections is estimated simply by the use to which in future they may be applied. His own reputation, though dear to him, he regards as purely a consequence of his acts, and very properly leaves it to take care of itself. Not so with the empiric. He gauges his success by the number of calls he may have, and assumes, before the public, that every case of his which does not terminate fatally is attributable to his direct interference. Every reflecting mind will perceive at once that the presumption is a violent one. In the absence of facts which, perhaps, never will be demonstrated, I have no hesitation in saying that a large proportion of all the patients attended by the profession collectively, would recover from their ailments were professional advice entirely neglected, providing always that ordinary domestic care were not omitted. Generally it is because the progress and termination of disease cannot be foreseen, that the intervention of art becomes essential. Practitioners, by no means, so often preserve life, as mitigate and shorten physical suffering. The "*vis medicatrix nature*" of the older physiologists underlies the whole practice of our art, and ceaselessly operates with us to a common end. This the man of science perfectly understands; and of success, as it is called, in a vast majority of cases, he makes no boast. He performs simply an ordinary professional duty, satisfying himself and satisfying others that his labors, even in this way, are rarely if ever useless.

In contrast with this, the bold empiric would have it go forth that almost every case which falls into his hands is one of urgency, either immediate or prospective. His real object is to make a parade of himself, and of his method of practice. There is an air of ostentation in all his movements. If a Thomsonian, the steam-box is carted through the streets, and a useless bustle is made even in the chamber of the afflicted. To the public the patient is represented as in imminent danger, or in a hopeless condition. At this precise point, often, the scene suddenly changes; the patient is improving. The public is informed that Mr. or Mrs. A. B., after taking seven lobelia emetics in as many hours, and repeated submissions to the steam process, is greatly relieved and in a fair way of recovery. Now in such cases the great mass of the people do not stop to inquire whether the condition of the patient as reported was really in accordance with actual fact. The report is assumed to be true, and the inference at once is drawn that nothing but extraordinary skill, and a true system of practice, could have produced a change so favorable and so instantaneous. The effect of tricks like these is by no means confined to circles of the uneducated and uninfluential. It extends to all those who have come to regard the uncertainty of medical science, in many cases, as tantamount to its worthlessness in all. Well-educated, high-minded and honorable members of our profession can resort to no

such miserable chicanery. It is wanting in every element of common honesty, and in principle is beneath the tricks of the cheating gambler.

The phase of quackery to which particular reference is here made, no one can mistake, and I trust I shall be pardoned for having presented extremes only in this exposition. Only here and there, it is admitted, can an original be found answering, in all respects, to the portrait drawn; but the whole tendency of this species of quackery is in the direction I have pointed out. I have referred to a *system*, and not to individuals.

But, in character more imposing than the species of quackery to which reference has just been made, are, at least, two systems of practice now in some repute, which, though it is claimed for both that they rest on scientific principles, deserve a passing notice, inasmuch as they have a direct bearing on the question under consideration. I refer to what is called the Botanic system, *par excellence*; and the system of Hahnemann, or Homeopathy. Whether the former of these ought, in strict justice, to be placed in the category of systems empirical, is a question to which we shall refer in the sequel. That the latter should be there registered, we have not the slightest doubt. The Botanic system has obtained considerable notoriety in several of the States, particularly in Ohio, New York, and Massachusetts; in each of which there are regularly incorporated schools for the propagation of its distinctive doctrines. This system took its rise from an avowed conviction, among its early votaries, that the use of mineral substances, generally, as medicinal agents, was not simply unnecessary, but actually pernicious. Intelligent advocates of the system plant themselves on the ground that there are no health-restorative relations existing between substances purely inorganic, and any condition of the living system; that substances of this character thrown into the human stomach must be regarded, as they really are, foreign bodies, acting for the most part mechanically, and producing specific diseases of their own, rather than curing others. They regard all such substances as poisons; and poisons they profess to reject, whether animal, mineral or vegetable. Such, in a few words, is the basis of the Botanic theory of medicine. Slight differences, however, it is understood, prevail among practitioners on this system—some using preparations of iron, opium, and perhaps a few other articles, which the theory excludes.

It hardly need be said here, that this theory is bad; bad, because the experience of the world is against it—and bad, because its premises are false. The medicinal properties of no one article in the *materia medica* were ever yet determined otherwise than by experiment. It was not known, it never could have been known, for instance, that *gambo*ge would operate as a purgative, or *ipecacuanha* as an emetic, had it not been found that such were their respective effects when taken into the stomach. Theoretic notions as to how any substance will act on the living fibre, or on the nervous system, formed in advance of an experimental test, are without the slightest practical importance. Until we shall be able to determine, which we never shall, by some general law, applicable to every substance, separately considered, how vital action changes materials taken into the stomach, our whole reliance must be on experience; and that experience, to be worth any thing, must be the result of long

and careful observation. Now experience the most ample—the experience of unnumbered thousands among the most enlightened of modern times ; of men who could have had no motive for deceiving others, and who of all men were and are least liable to be themselves deceived—bears testimony, clear, full, and unequivocal, to the value of mineral substances as remedial agents. There is nothing hypothetical in the matter. Their power for good, when directed by skill, has been as clearly and as conclusively established, as that of any other fact founded on enlightened observations.

This is all true, perhaps you will say—we knew it all before ; but what has this to do with the question under consideration ? It has a great deal ; very much more than I wish it had ; for it is, as matter of fact, in no small degree owing to some degree of incautiousness in the profession of which we are members, that this exclusively Botanic system has come at all to be regarded with favor. Its chief corner-stone rests upon the pertinacity, not to say obstinacy, of those belonging to our own household. The over-liberal and indiscriminate use of some few mineral substances, especially one of the preparations of mercury, excited, at the time of its acknowledged abuse, a prejudice which shook our system to its centre. There is no denying the fact ; the article referred to, was, at one time, much too often and too extensively employed as a remedial agent.

I refer not to the odium with which the profession has been, and still is, loaded by those who had and have a direct and personal interest in abusing and misrepresenting us in this matter, but to the simple fact that the use of mercury, in its various forms, was, if not too free, certainly too indiscriminate. Underlying the hue and cry that was raised against our immediate predecessors by the malicious, the interested and the uninformed, there existed a sober, calm, and, to some extent, sound public opinion adverse to the freedom with which the profession generally resorted to the article referred to.

One fact, however, is obvious. It must be clear to any reflecting mind, that an article thus extensively used, cannot be other than one of great potency. An inert or powerless drug can never attain a wide spread or substantial reputation. To secure these, any article of a medicinal character, in general use, must possess some well-defined and positive virtues. This is precisely the case with the preparation of mercury in question. It cannot do all that was once claimed for it, but it can and does do, when directed by the hand of skill, what no other single article is capable of doing. The hour of its excessive use has now passed away, and probably no article of our *materia medica* is at this moment employed with more discrimination and certain benefit than the one in question. But be it remembered, before this salutary change was effected, its abuse had sown the seeds of a new system, with which we, as a profession, have now to compete. I apprehend no protracted struggle. The well-educated Botanic physician, for some such their schools will send forth, will not long be satisfied with less than the entire resources of our own *materia medica*. Some few of their number already appear among us, in character semi-scientific ; of no little energy and activity, and not, in all instances, wholly devoid of success. These, in due time, will pass over to

our own ranks, leaving only the bigoted and fanatical to perpetuate a system exclusively *Botanic*.

It was my purpose in the outset to speak somewhat at length on the system denominated *Homœopathy*. But on reflection, I do not see that it can be made materially subservient to the end proposed. The system appears among us a stranger; and, like its wandering prototypes in the region of infinite space, can be "*seen through*" without the aid of optical instruments. From the stratum it occupies in the crust of society, it may, with propriety, be denominated the *Aristocracy of Quackery*. Unlike its humbug predecessors, it scorned, on its advent, to begin its work in dark corners and out-of-the-way places, among the ill-conditioned and uncared-for of the land, but rapped, at once, at the craniums of the "*upper ten*," and bid for fashion and fame, like an old courtier reduced to the last extremity of his wits for future subsistence. As a system of practice it illustrates John C. Calhoun's idea of "*masterly inactivity*" more beautifully than do the illustrations presented by that statesman himself. It is *placeboism* etherialized; and were it not for the blush of "*filthy lucre*" hanging about its skirts, it might be safe to assume, a mistake had been made in introducing it at all into this world of poor humanity. The system evidently belongs to a more spiritual region. There is an air of impalpability about it, which savors of another sphere. It might pass current among the disembodied spirits in the Paradise of Odin, where the inhabitants feed on shadows, and take their noon-tide nap on virgin dreams; but for a race like ours—a race that surfeits on beef, and has the perversity to contract the gout, it will never answer. Its friends will act wisely to christen it the *Psychological system of medical practice*, and its professors might justify themselves in refusals to answer any calls when it is suspected that vulgar flesh and blood has any sort of connection with a suffering applicant.

Seriously, *homœopathy*, as a system, rests on no well-established principles of science. Practically, it is a cheat. The shrewdest among its professors do not in any case, where danger threatens, adhere to their own avowed principles. On the contrary, in urgent cases they pour in active, powerful medicines as stoutly as the worst of us. Their *infinitesimals* may be convenient when little or nothing is demanded—when "*to wait on events*" is our happy lot; but, even regarded in this light, it is not readily seen what advantage they possess over the Indian meal and table salt of an earlier date. That the practice under this system, as some have supposed, has given a salutary check to the administration of excessive doses of medicine, is but an additional delusion to the millions already current, which credulity pays to cunning. That error, in its whole length and breadth, was corrected long before *homœopathy* had obtained an appreciable notoriety on this side of the Atlantic. It was corrected by the energy of the profession itself. By its enormity it became its own herald, and was arrested by the good sense of our own members. It is, therefore, conceding what has no foundation in fact, to suppose that Hahnemann's theory, or the practice under it, has had the slightest effect in changing our views in regard to the administration of medicinal substances, either as to kinds or quantities.

One additional cause for the prevalence of empiricism I will advert to, for which no small number in our own ranks must be held directly responsible. I do not propose to constitute myself a judge in Israel, but I presume you will agree with me when I say, there is a fatal tendency among members of our profession, no matter where found, to rest satisfied, on entering practice, with their elementary acquirements. In the absence of that salutary collision which exists among members of the legal profession, an isolated practitioner of medicine, unless gifted with a happy command over his intellectual necessities, is apt to fall into a narrow, lifeless routine in the discharge of his professional duties. His library, perhaps, is not large, and access to books generally difficult. What he may have read, though not well digested, now lacks the requisite freshness and novelty to entice him to a re-perusal. He is busy, and too often acquires the habit of hunting up particular information, and this only at the moment when it may be wanted. Great principles, and little details, escape his recollection, and his mind becomes professionally narrow. He finds himself generally able to meet all ordinary demands, and perhaps finally comes to believe that what he cannot do, cannot be done. True, there is a seeming excuse for indulgence in this mental laxity. One whose circle of practice embraces a large extent of territory, must necessarily be much of the time absent from home. His exposure, too, is great; which, added to the want of regular sleep and wholesome relaxation, often renders intellectual application irksome. Under such a condition of life, he too often falls into the bad habit of snatching at books as he does at his dinner, and forgets the next day alike what he has read and what he has eaten. Perhaps, too, from education and standing, his services are required in the discharge of municipal and other public duties. These form an agreeable variety, and undoubtedly contribute something to his social happiness. Nor is he called upon to forego them entirely. The fault is not, on the whole, that he has too much occupation, but really that he lives on without method. He is busy without system. His arrangements are without order; and for lack of these, the seeming excuse is no excuse at all. In the intervals of professional engagement, there is ordinarily full and ample time for all necessary study and for the performance of all other necessary duties. What is wanted is a judicious appropriation of a portion of this time to the great purpose of professional improvement. To the neglect of this, is owing, in instances quite too numerous, the failure of those who otherwise might have acquired, if not eminence, at least great respectability. One thing is certain, the practitioner who does not equal the wants of those among whom his lot is cast, must, sooner or later, divide with another what should have been all his own; and when dissatisfaction comes, he should not be surprised if a bevy of quacks come along with it—quacks who, though by no means his equal in skill, are vastly his superiors in energy and activity.

Now if the evil in such cases were to fall only on delinquents, there would be little or no ground for complaint. But this is far from being the case. The dissatisfied measure, perhaps, with here and there an exception, the whole profession by those of our brethren who, from negli-

gence, have failed in their duty to the public. The number of delinquents may, therefore, be few, while the consequences of supineness in these few are every where felt. Unless a physician is able to exhibit a marked superiority when compared with the quack, he must expect to find the quack a troublesome competitor. It is folly for any man, in this, the middle of the nineteenth century, to suppose that a *diploma* will protect him. He must do more than claim the honors of a Medical College: he must work, and that continually.

A word upon the stability of medical science, and I have done. The general correctness of our system is evinced in the fact that it has outlived all the many thousand theories which in times past the visionary, the interested and the ingenious have offered as substitutes for popular favor. Other systems, quite as rational as existing schemes of empiricism, have had their hour of popularity, but each and all, one after another, have quietly passed away, as the present will, leaving ours still the only system unaffected by the collision. That quackery will ever entirely abandon the earth, we have no reason to expect. Its existence, in some form, is incident to the partial uncertainty of our art; but that our system will ever be supplanted by a new one, in opposition to the essential truths upon which the present is founded, is a moral impossibility. When physiology, and the leading physical conditions of health, shall be universally taught in our high schools and other popular seminaries of learning, we may expect to see the field of quackery both narrower and barren than it now is. Till then, *and then*, we have only to be true to ourselves and true to our art, to insure the achievement of new victories in our future conflicts with physical suffering.

But, gentlemen, do not flatter yourselves that you who are now in practice are speedily to be relieved from *outside* competitors. Were all the Thomsons, Hahnemanns, Sweets, and Smiths, with their respective systems, to pass away within the next hour, new candidates for fame would appear in the field, neither less popular, less sanguine, nor less absurd. Even now, looming up in the distance, is seen approaching, *Madam* in *boots* and *bloomer*, ready to meet you at the portals of life, in order that affected modesty may save her blushes for some less worthy and less holy exposure! Be not, however, chagrined at this advent of the *sage-femme* into your ranks, nor lay your threatened exclusion at heart. The surgeon in due time will share your approaching fate: for what *lady*, (?) having due reverence for female modesty, will, when all the *proprieties* of life are considered, suffer the amputation of a *leg above the knee* at the hands of a *masculine* operator?

NOTE.—Since writing the foregoing address, a worthy member of our profession within this Medical District has passed away. I refer to Dr. AMORY GLAZIER, of Fall River. Of this gentleman I may speak with confidence. He was a townsman and near neighbor of mine. I had known him for many years, and met him often in most of the relations of life and of good neighborhood. As a practitioner of the healing art, he was intelligent and successful; as a man, kind, obliging and social; and as a citizen, prompt in the discharge of every public duty committed to his charge.

For several years previous to his death, Dr. Glazier had gradually withdrawn from the more active and trying labors of his profession, devoting himself much to the interests of the Christian church, of which he was a worthy member, and to the well-being of his accomplished family, in the bosom of which he sought, and, I doubt not, found the only happiness worth living for. To most of you he was personally known; and to all, I am happy to believe, he was known as one honorable in every walk of life, and alike honorable whether that walk were professional, social or christian. His death occurred March 1st, 1852, at the age of 69 years.

THE CÆSAREAN SECTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Should you consider the two following cases worthy of a place in your valuable Journal, you are at liberty to publish them.

CASE I.—July 20th, at 1 o'clock, P. M., I was called to attend Mrs. M., aged 26, primipara, of full, plethoric habit. Found her with face flushed; uterine action strong; skin dry; pulse 120, full and strong. Had been in labor twenty-four hours, and had had convulsions twelve. Had been visited by a physician at 6 o'clock, A.M., who had prescribed a preparation of morphia, which she had taken according to directions during the forenoon. On attempting to make an examination, I found the parts hot and dry, and so excessively swollen as completely to prevent the introduction of the finger between the labia. On using a little force she was seized with a severe fit, which lasted twelve minutes. I immediately bled her to about forty ounces from a large orifice, and administered an enema of assafetida, castor oil and soap, which operated well; cold applications to the head, sinapisms to the feet and legs, and ordered a tablespoonful of the following mixture every half hour:—R. Tart. antimonii et potassæ, gr. iv.; aqua fontana, ʒ iv. M. I anointed the parts well, and applied a warm bread and water poultice, which I ordered to be renewed every half hour. I remained with her more than an hour. She was comatose, and incapable of being roused; breathing labored, slightly stertorous. She had four or five strong pains while I remained, without any convulsions. I then left her, with directions that I should be immediately sent for if the fits returned. In an hour and a half I was sent for, the fits having returned violently. I re-opened the vein, and took away twenty-five ounces with apparent relief. Swelling of the labia much reduced; could introduce the finger between them without producing any irritation. The enema had operated well; skin moist; pulse 110. Ordered the poultices, mixture, &c. to be continued. I remained about an hour. She had several pains without fits, and I then left her with directions as before.

In an hour I was sent for again, the convulsions having returned with greater severity. The swelling was now reduced, so that I could reach the os uteri, which was undilated. Parts very rigid. I took away fifteen ounces of blood, with the same relief as before. At 9 o'clock the os

uteri was dilated so as to admit the point of the finger. She remained perfectly insensible, sometimes tossing about violently. Pulse 100, and weaker. Was evidently sinking under the severity of the attacks. I suggested the propriety of a consultation, which was had with Dr. Storer at 10 o'clock, P. M. He recommended the rupture of the membranes, which was effected with a knitting needle, and a considerable quantity of the liquor amnii discharged. She had convulsions every twenty or thirty minutes after, increasing in violence and duration till 12½ o'clock, when exhausted nature sought repose in death.

In about ten minutes I performed the Cæsarean section through the linea alba, and extracted from the uterus a male and female child, which had evidently been dead for several hours. The extremities were rigid, contracted and very dark. The male child presented with the occiput to the right-ilio pubic eminence; the female head was high up in the uterus, with back to the mother's abdomen. Os uteri dilated to the size of a half dollar.

CASE II.—August 28th, about 1 o'clock, P. M., I was called to visit Mrs. Q., residing about forty rods from my office; 32 years of age, has been married seven years, and has borne three children. Her first pregnancy terminated in a miscarriage at four months. Has had phthisis for the last twelve months, and been gradually sinking.

When I arrived, the friends stated that she had been dead some minutes, and they were anxious about the child. She had been attacked with a severe fit of vomiting, which terminated in large gushes of blood in quick succession, till it filled a large chamberpot, and she sunk exhausted in a shorter time than it takes to relate it. I felt her wrist and heart, and held a glass to her mouth, but no evidence of vitality existed. She was in the last month of pregnancy, and some woman present had felt the child moving. I hurried to my office for instruments, and when I returned and found no change, I immediately performed the Cæsarean section through the linea alba, and extracted from the uterus a male child of eight months, and apparently lifeless. I put it immediately into warm water, inflated the lungs, applied stimulants to the nose, &c. &c. About fifteen minutes after the operation, pulsation commenced, which extended along the cord about eight inches from the abdomen, very feeble at first, but gradually gaining force, and inspiring hope and encouragement to continue our efforts to increase the little life it had. After an hour's persevering efforts, it gasped once, then again, and a few minutes after the heaving of the little chest denoted the perfect establishment of the respiratory function. God had breathed into its nostrils the breath of life, and the little creature became a living soul. I had it wrapped up warm in cotton wool and flannel, and kept near the fire. About three hours after the operation, it began to cry pretty strongly. It is now seven weeks old; it nurses and feeds well, and is thriving fast. It weighed five pounds when born, and now weighs eight and a half pounds. No post-mortem of the mother could be obtained.

If any of my professional brethren should wish to see the child, I shall be most happy to introduce him to my little Cæsar. T. R. OWENS,

Boston, Oct. 14, 1852.

7 Warren Sq.

THE "OBSTETRICAL SUPPORTER" IN CASES OF LABOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—In a late number of the Journal, you ask for information in regard to the practical utility of "Finch & Blaisdell's Obstetrical Supporter." Within the past three years, I have used it quite frequently in my practice, and, without endeavoring to pen an extended article, I will endeavor to convey to your readers some general idea of it and its advantages.

The supporter consists, essentially, of a pad, to be placed upon the loins, and upper portion of the sacrum, or where the patient desires pressure, when in labor. To this, are attached straps that buckle in front of the shoulders, and prevent its falling, or slipping too low down upon the hips. At each end of this back pad, are rings, through which pass straps terminating in a loop through which the feet pass, and are supported as in a stirrup. At about as low as the knee, in these straps, are rings through which other straps are buckled for the hands to grasp to give support to them.

The part of the apparatus above described, when in use, acts as follows:—When the pains of labor are felt, the patient is inclined to push with her feet, and draw with her hands; and let her position be either the recumbent upon her side, or her back, or the sitting, either upon a chair, or the edge of a bed, the pressure upon the loop of the strap with her feet, brings the back pad firmly against the place where her back requires support, and, without the aid of an assistant, the back, the feet, and the hands, are at once supported as long as the pain continues. As that passes away, the muscles of the patient are relaxed, and she is at once relieved of the pressure until the return of another pain.

The more prominent advantages of this part of the apparatus are, entire and certain support for the hands, feet and back, in whatever position the patient may be in, when the pains come on, and an entire freedom from pressure when the pain ceases; and the relief it gives to the attendant women, who are not called upon for the usual severe physical efforts they are required to make when the supporter is not used. Another great advantage is derived from its use in hot weather, as then the patient is not surrounded with attendants whose breath and presence usually add greatly to her heat and discomfort. *With* the supporter, she needs but *one* person besides the physician, and she only to fan her, give her drinks, &c.; while *without* it, she would perhaps give employ to two or three, who must be constantly near her.

In addition to the above, there is an *abdominal pad*, which is so arranged, that it can be applied to the lower part of the abdomen, where the child is too low to elevate it to its proper position, or directly in front, or to the upper part of the abdominal protuberance if a downward pressure is desired. This can be drawn as firmly against the abdomen as may be desired, and either fastened thus, or attached to the straps which support the feet, so that additional pressure will be given by the feet at each pain. With all these advantages, the woman is *not* confined so but she has the perfect use of her limbs, and can lie down, sit, stand or walk, as well while wearing the supporter, as she otherwise could do.

During the present week, I was called to attend a young woman in labor with her second child. She is a large, muscular woman, and capable of great physical effort. Some months since, she felt a pain in the lower part of the abdomen just above the symphysis pubis, and the pain and tenderness continued to increase up to the day of confinement. There was nothing unusual about the labor, at first, except the pains were quite hard, and the distress was mostly felt at the old seat of tenderness. As the head of the child descended to the lower pelvic strait, the membranes gave way, and the amniotic fluid was discharged, and immediately the patient complained of severe *tearing* pains in front. After two or three additional pains, and after the discharge of all the water, she said the distress in that region was beyond endurance. On passing my hand over the abdomen externally, I found that part, where the pain had been felt, very tender, and protruding a globular tumor of the size of a two-quart measure. Fearing a rupture of the uterus, I applied the abdominal pad of the supporter firmly over the protrusion, and proceeded at once to extract the child with the forceps. From appearances at that time, and subsequently, there was no doubt in the mind of those present, or in the mind of a physician who examined the case a few hours afterward, that the only thing which could be done to prevent a rupture of the uterus, was the timely application of the abdominal pad, and the extraction of the fetus. From the time when the protrusion occurred, until the woman was delivered, could not have been more than three minutes, but during that short space she says she suffered more from the peculiar pain she felt in front, than from all the pains of her former and present labors combined.

In ordinary easy labors, it may not be desirable, in all cases, to apply the supporter; but in hot weather, in all protracted, or severe cases, and especially in those cases where the back or the abdomen require unusual support, I think this apparatus will give entire satisfaction to all who make a trial of it.

Respectfully yours,

Waterbury, Vt., Oct. 16, 1852.

C. H. CLEVELAND, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 3, 1852.

Industry in the Pursuit of Knowledge.—This is the country, of all others, in which knowledge is so diffused among the people, that those at all ambitious to acquire an education fitting them for the various positions in society which enterprise and intelligence should command, almost invariably succeed; for where there is a will, says the proverb, there is a way. In the profession of medicine, a large proportion of the members, as they now stand in this country, groped their way through poverty, and numberless embarrassments, which no one knows but the man who has passed through them. Yet many such have risen to great distinction; while some as philosophers, and others as statesmen, have left imperishable names in the annals of fame. Medicine in the United States has been

upheld, and certainly advanced, by those who in early youth would have been considered the least likely to have accomplished the measure of importance now conceded to their labors. Those among them who write volumes that live, neither use gold pens, nor inhabit palaces. Profound thinkers, accurate experimentalists, and the strong leaders of other men's minds, accomplish their efforts, usually, in humble lodgings, under disadvantages that would break down less energetic powers. It is as impossible to suppress genius, as to prevent the overflowings of a volcano. Industry is the mighty lever, however, by which these otherwise unaided persons have risen, step by step, to occupy the first places while living, and secured to themselves a reputation that neither envy nor detraction can injure. These are considerations that should stimulate those entering upon the medical profession, to a steady perseverance, as there is neither success for the indolent, nor hope for the sluggard.

Annals of Science.—A periodical has been commenced at Cleveland, Ohio, at the very cheap price of one dollar a year—published on the first and fifteenth of each month, that presents strong claims to patronage. It embraces the complete circle of the sciences, being a record of inventions and improvements in most of them. Agriculture, physics, manufactures, chemistry, astronomy, physiology, geology and photography, are each the subject of the editor's deliberations, strengthened by the latest intelligence on whatever topic is introduced. The editor has omitted medicine, very wisely, probably on account of the difficulty of pleasing every body in that branch. Other sciences are generally left in the control of those competent to manage them; but in physic, every one feels that he has a right to express an opinion in regard to it, whether he knows any thing of it or not. Practitioners are popular or unpopular, according to their subservency to one school or another. Prejudice in this respect is now in the ascendant, and common sense is nowhere respected when brought to bear on systems of medical practice. But these reflections have taken us from the immediate subject of this paragraph; and we therefore bring them to a close by urging upon all who have a love for any or all of the pursuits introduced into this new periodical, to give their influence in sustaining it.

Disbelief in Medical Reports.—Two gentlemen of the law were conversing, incidentally, the other day, on the anomalous cases reported by practitioners of medicine and surgery. They agreed in one thing, without argument, viz., that some of their statements were incredible. For example, one of them did not believe it possible for a man to force a twig, studded with irregularities of surface, into his own urethra, as stated in the London Lancet, and copied into this Journal of October 20th. The other gave no credit to the statement in regard to a woman who had had more children within a given period, than he had ever before heard or read of. And thus they proceeded in their comments, till, on reflection, we came to the conclusion that the narrations by medical men of cases occurring in their practice, would be very likely to appear to persons unacquainted with such matters as impossible, simply because at variance with their own experience. Some people are willing to credit their own senses, who will never trust to the correctness of other men's eyes or ears. Happily the profession believe each other in most instances; otherwise no progress could be made worth reading; although there have been instances in which their

confidence has been shaken, before being in possession of all the facts. When the story first began to circulate that a tamping iron, three feet long, by an inch and a quarter in diameter, had actually been shot through a man's head without killing him, surgeons were ready to declare the whole matter incredible, from beginning to end. However, when the medical attendant published a circumstantial account of the accident, all were compelled to acknowledge its truth, and to own that the resources of nature were quite beyond their expectations, and certainly very wonderful. By and by the iron was brought to Boston, and then another class of disbelievers—principally those intelligent people who give a tone to public sentiment—gave in their adhesion. Lastly, the patient recovered, and still lives to relate his own sufferings and miraculous escape; and now the remotest circle of disbelievers have come to the conclusion that the story was true, although more remarkable than any peril of which they had ever known or heard of before. As medical reports are for the guidance of the brotherhood, it is fortunate that there is no censorship of the press, to arrest the publication of what an unprofessional reader may not be able to comprehend. What would the two legal gentlemen say to the tamping iron case? The stick in the urethra, and the unusual fruitfulness of the woman, fall into comparative insignificance by the side of it.

Treatment of Exposed Dental Nerves.—Several documents have been placed in our hands, which treat of the matter of filling teeth over exposed nerves. It will be recollected that Dr. Miller, of Worcester, in a late number of this Journal, claimed to have made some important improvements in the operations required in such cases. By looking over the documents referred to, we notice that the attention of Dr. Hullihen, of Wheeling, Va., had been previously drawn to this subject, and that operations had been successfully performed by him, similar at least to those of Dr. Miller. A paper was read before the American Society of Dental Surgeons in August last, by Dr. Cone, of Baltimore, in which Dr. H.'s mode of operating was described. Whether Dr. Miller, at the time his own operations were performed, had been made acquainted with Dr. Hullihen's method and success, we have no means of knowing, but presume he had not. The apparently conflicting claims of the two parties interested we presume can be satisfactorily adjusted, as they are both honorable men, and of good standing in their profession.

Prof. Tully's New Work.—We are requested to state, that in consequence of repairs being made in the office in which it is to be printed, the appearance of the first number of Dr. Tully's *Materia Medica* will be delayed a week or ten days, but it will be out certainly by the middle of November.

Poisoning by Colchicum.—A correspondent in an inland town in this State, under date of Oct. 8th, writes to the editor as follows:

"Last Monday night, one *John Valentine*, of this town, drank, for the sake of the *ardent*, half a pint of a very strong tincture of colchicum seeds. I understand that there was a half pint tumbler three-fourths full of the seeds put into a pint of alcohol. It had been taken in teaspoonful doses, by a person afflicted with rheumatism. Soon after drinking it, Valentine commenced to vomit and purge, and was in great distress, very

thirsty, with the usual symptoms of an over-dose occurring. A Thomsonian physician was sent for, who, I understand, prescribed brandy and laudanum. The patient continued to grow worse till Wednesday night following, when he died. He was told that it would poison him if he drank it, but he probably thought it to be some kind of bitters and that they were trying to deceive him, and therefore did not heed them. He drank of it twice within a few minutes, and about a gill at each time."

Yellow Fever.—It is painful to hear of the continued mortality by yellow fever at Charleston, S. C. The profession of that city are as well skilled and as able to meet that formidable disease, as in any part of the world, but, alas! this is a scourge that has often and suddenly swept its way in defiance of the best directed efforts of physicians, and we are again obliged to acknowledge the imperfection of our art. It is generally conceded, in these latter days, that ingenious theories are of no avail in limiting the mortality that characterizes the yellow fever.

Smith's Operative Surgery.—A monument of personal industry—a huge volume, based upon the practice of surgeons of the United States—by Henry H. Smith, M.D., &c., of Philadelphia, and from the press of Lippincott, Grambo & Co., has just been received, but not in season for such an examination this week as its merits demand. The idea of quoting home authorities, is patriotic. Our medical and surgical authors have borrowed all their precedents and their information from Europe long enough. It is very proper to begin to make returns, which may be readily done, for this country abounds with operating surgeons whose success in the most difficult and trying emergencies gives them a reputation abroad, of which the profession have a right to be proud.

Comparative Physiology.—The publishers of this unique publication, of which the papers speak, should put it where the medical profession can obtain some idea of its character. Medical men are the purchasers of such a book, beyond any other class of readers; but not a Medical Journal in the United States appears to have had a copy for analysis. J. W. Redfield, M.D., is the author, says report.

MARRIED.—Dr. Putnam, of Grand Rapids, Michigan, to Miss C. Williams.—At St. John, N. B., Thomas Robert Owens, M.D., of Boston, to Elizabeth, daughter of the late William Doherty, Esq.

DIED.—In Bethel, Vt., Dr. Alvan Burbank, aged 54.—In Piermont, N. H., Dr. Ira Evans, 50.—In London, John Dalrymple, Esq., 48, surgeon of the Ophthalmic Hospital, and author of *Pathology of the Eye*.—In England, Dr. John Wylie, C. B., Physician General.—In Chester, Penn., Dr. Jesse Young, an eminent and lamented practitioner.—In California, Dr. Daniel Baugh, late of Philadelphia, 51.—In Chicopee, Mass., David Bemis, M.D., 54.—In Hubbardston, Mass., Dr. Shepherd Clark, 58.

Deaths in Boston—for the week ending Saturday noon, Oct. 30th, 56.—Males, 35—females, 21. Accidental, 2—inflammation of bowels, 2—inflammation of brain, 2—consumption, 11—convulsions, 4—cholera infantum, 1—croup, 2—cramp, 1—dysentery, 3—dropsy in head, 1—infantile diseases, 1—puerperal diseases, 2—fever, 1—typhoid fever, 1—scarlet fever, 5—hooping cough, 1—disease of heart, 1—inflammation of lungs, 4—measles, 2—old age, 3—palsy, 1—teething, 2—disease of throat, 1—unknown, 2.

Under 5 years, 21—between 5 and 20 years, 8—between 20 and 40 years, 9—between 40 and 60 years, 11—over 60 years, 7. Americans, 21; foreigners and children of foreigners, 33. The above includes 8 deaths at the City Institutions.

Easton Medical Institute.—At a meeting of the students of this Institute (at Easton, Md.), held September 30th, several resolutions were adopted complimentary to Prof. C. C. Cox for his zeal and interest in its establishment, and for his efforts to instruct them in the various branches of medical science.

Death of Dr. William Hemsley.—A meeting of the physicians of Easton, Md., was held recently in that place on account of the death of one of their number. Several resolutions were offered by Dr. C. C. Cox, and unanimously adopted. The following remarks by Dr. C. will give some idea of the excellent character of the deceased.

"There is one feature in his protracted illness worthy of notice, and that is the undiminished interest evinced by him to the last, in the the science of his choice; and the unwearied zeal manifested in the prosecution of its practical duties. He continued to visit his patients, in all conditions of the weather, and often under serious physical disability, until the time arrived at which he became compelled to seek his chamber, there to spend the remaining days of his earthly existence. With the scenes of that sick room I have been familiar, at all hours of the day and night; and while they revive in my memory many passages of suffering and struggle, they are not unattended by reminiscences of a mind calm and possessed, balancing the results of past life, and prepared to die like a christian man. The consolations of our holy religion, so affectionately administered by his pastor, were not without effect upon his subdued and thoughtful condition; and his latest expressions afford gratifying evidence that he died in the assurance of a perfect hope."

The Use of the Stethoscope to Determine the Position of the Fetus in Utero.—Dr. Bell, of Fayetteville, Ark., makes the following suggestions on this subject:—

"Could not the position of the 'fœtus in utero' be ascertained in most instances, by the use of the stethoscope? In the first, second, and third presentations (Dewees), the heart of the fœtus can be distinctly heard in the left groin of the mother. In the fourth, fifth, and sixth presentations, it will be heard in the right groin. In the second and fourth, more distinctly than in the other four; as the position of the fœtus is such in these, that the heart is never to the surface. Should the left shoulder present, it can easily be seen that the sounds of the heart will be discovered very low down on the right or left side of the mother, as the fœtus may lie with its head in the right or left side of the womb. Where the right shoulder presents, the sounds will be midway between the navel and symphysis pubis, to the left or right of the mesian line, as the fœtus may lie. In hip presentations, the sound will be found higher up in the abdomen than in the others."—*Western Lancet.*

Electro-Physiology.—Dr. Brown Sequard, of Paris, is winning golden opinions from the profession of New York, many of whom are profiting by his interesting and useful lectures and demonstrations on the physiology and pathology of the nervous system. He is *au fait* in all that appertains to modern physiology, and his numerous *vivisections* are conducted with a delicacy and *sang froid*, which divests them of any semblance of repulsiveness. Frogs, birds, rabbits, dogs, and guinea pigs, are chosen for the purpose.—*N. Y. Medical Gazette.*